



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE MEDICAL SUPPORT AGENCY

25 Jun 99

MEMORANDUM FOR HQ USAFA/SGAL HQ AFMC/SGAR HQ AFSPC/SGAL
 HQ AETC/SGAL HQ AFSOC/SGAL HQ ACC/SGXL
 HQ AMC/SGSL HQ PACAF/SGAL HQ USAFE/SGPXL

FROM: HQ AFMSA/SGSL
 8901 18th Street, Building 802
 Brooks AFB TX 78235-5217

SUBJECT: Recalculation of MEDLOG Levels for Revised Ciprofloxacin Requirements

On 5 Mar 98, an OSD Policy Memorandum (Attachment 1), *Issue and Use of the Antibiotic Ciprofloxacin for the Post-Exposure Treatment of Anthrax*, set the recommended dosage of ciprofloxacin at 500 milligrams (mg) twice daily for thirty days after exposure (60 tablets per authorized individual). This policy applies to all forces regardless of their anthrax immunization status.

Along with this policy change from twenty 500mg tablets to sixty 500mg tablets per authorized individual, MEDLOG levels must be adjusted to meet the new requirement. Ensure all of your Logistics activities raise MEDLOG levels for WRM Project B to reflect the new requisitioning objective by 15 Jul 99. To assist in computing the revised ciprofloxacin levels, we have provided paper (attachment 2) and electronic copies of an Excel spreadsheet that will automatically calculate levels. **Ensure your Logistics activities read the note between line 2.0 and 3.0 on the spreadsheet carefully so levels for bottles of 100 and boxes of unit dose cipro are not duplicated in MEDLOG.** The worksheet will also be available on the Air Force Medical Support Agency, Medical Logistics Division website (<http://sg-www.satx.disa.mil/~sgsl/>) after 1 July 99.

Adjusting levels will adversely affect Materiel Availability Percentages that you report monthly to Medical Readiness and your chain of command. Ensure you brief all concerned so there are no surprises. This policy revision will appear in the next publication of AFMAN 23-110, Volume 5. This is an SGSL/SGXR coordinated letter. Should any questions arise, please call Raymond Flores (SGSL) at DSN 240-3946, commercial (210) 536-3946 or Major Lorn Heyne (SGXR), DSN 297- 0020, commercial (202-767-0020).

JAMES P. MORELAND, Col, USAF, MSC
Chief, Medical Logistics Division
Office of the Surgeon General

2 Attachments:

1. OSD Policy Memorandum, 5 Mar 98
2. Calculation Worksheet (electronic copy provided via EMAIL)

cc:

HQ USAF/SGXR
AFMLO/FO
11th MDSS/SGSL
ANG/SGXR
HQ AFRC/SGSL

05 Mar 98

MEMORANDUM FOR

SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
CHAIRMAN, JOINT CHIEFS OF STAFF

SUBJECT: Policy on Issue and Use of the Antibiotic Ciprofloxacin for the Post-Exposure Treatment of Anthrax

The following policy applies to all forces regardless of their anthrax immunization status (i.e., immunized and non-immunized individuals). Antibiotics taken after exposure to a large number of Anthrax bacteria, such as would occur after a weaponized release will probably result in greater protection than is afforded by the vaccine alone. Post-exposure antibiotic therapy for anthrax immunized individuals provides an additional measure of safety and in no way implies that the vaccine is not the preferred preventive measure. Use of ciprofloxacin is authorized only for treatment and has not been approved as a routine preventive agent before exposure. Doxycycline is an acceptable alternative in the event ciprofloxacin is not available or well tolerated by the service member. The recommended dosage is ciprofloxacin 500 mgm twice daily or doxycycline, 100 mgm twice daily for thirty days after exposure unless otherwise directed by a medical officer.

The combatant CINC is authorized to issue the medication directly to military personnel if the operational exigency would prevent normal prescribing channels by a medical officer. In this case, instructions will be issued to service members describing the appropriate use of the antibiotics as well as possible side effects. Specific instructions will be included which stipulate that the service member is to begin the antibiotic only upon direction of appropriate authority and only after detection of an anthrax attack or following known exposure.

The combatant CINC is responsible for ensuring accurate and thorough documentation of the distribution and disposition of the antibiotic. Personnel who issue the antibiotic, whether medical or line staff, will generate a record log which records the service member's name and SSN, the specific antibiotic, dosage size, quantity, and date of issue. At redeployment, any unused antibiotic will be collected and recorded. If the antibiotic is issued through medical channels, the appropriate information will be entered in the service medical record. Copies of logs detailing issuance as well as collection of the antibiotic will be forwarded to the U.S. Army Center for Health Promotion and Preventive Medicine's Deployment Surveillance Team through appropriate channels no later than 60 days after redeployment or departure from the immediate area of operations.

(Signature)

Gary A. Christopherson
Acting Assistant Secretary of Defense

HA Policy 98-024

Ciprofloxacin Requirement Computation (sample): (60 - 500mg tablets per authorized individual)					
1.0.	Determine total personnel requiring stocked cipro:				
1.1.	Number of supported primary mobility positions (<i>see note 1</i>)				0
1.2.	Number of "in place" active duty USAF military personnel in other than low threat overseas locations (<i>see note 2</i>)				0
1.3.	Number of US/Local National (LN) civilians designated emergency essential in other than low threat overseas locations (<i>see note 1</i>)				0
1.4.	Family members in other than low threat overseas locations (<i>see notes 2,3&4</i>):				
1.4.1.	Enter the MAJCOM Logistics provided factor in "Factor A" box and multiply line 1.2 entry by Factor A. (<i>see note 4</i>)	Factor A	0.0	0	
1.4.2.	Enter the MAJCOM Logistics provided factor in "Factor B" box and multiply line 1.3. entry by Factor B. (<i>see note 4</i>)	Factor B	0.0	0	
1.4.4.	Total family members; add lines 1.4.1. and 1.4.2.	0			
1.5.	Multiply 1.4.4 by 0.3 (<i>see note 3</i>)	0			
1.6.	Total authorized personnel (add lines 1.1., 1.2., 1.3 and 1.5.)	0			
2.0.	Gross requirement in tablets (Multiply line 1.6. by 60)	0			
	For calculating issue requirement levels, use line's 3.0. and 3.1. to compute bulk bottle & envelope levels (reference para 15.26.2) or line 4.0. to compute unit dose levels.	Unit of Issue	Qty per Unit Issue	Gross Rqmt Level*	
3.0.	Cipro (Bt of 100 per UI): Prime Item NSN 6505-01-333-4154 gross requirement in unit of issue (line 2.0 divided by 100, rounded up)	Bt	100		0
3.1.	Dispensing Envelopes (1,000 per UI): Prime Item NSN 8105-01-099-0355 gross requirement in unit of issue (line 2.0 divided by 1000, rounded up)	Pg	1,000		0
4.0.	Cipro Unit Dose (100 per UI): Prime Item NSN 6505-01-273-8650 gross requirement in unit of issue (line 2.0 divided by 100, rounded up)	Pg	100		0
		Unit of Issue	Tablets per Unit Issue	Sub to Prime Ratio	
5.0.	Suitable Substitutes if excess/POS is available:				
	TBD (do not apply subs at this time)				
6.0.	POS: See para 15.6. for required POS calculations (most locations will not use the computation). POS is subtracted directly from the level calculated in line 3.0.				

note 1: MAJCOMS determine source of data. When no MAJCOM guidance is provided, consult Medical Readiness and base logistics plans.

note 2: Contact MAJCOM Medical Readiness for assistance in determining threat levels.

note 3: The 0.3 factor assumes a minimum 70% evacuation rate for family members.

note 4: The number of family members per eligible category varies at each base. It is typically 2.5 per active duty member, but may be significantly lower where most active duty personnel serve unaccompanied tours. MAJCOMs will specify use of factors based on input from the MAJCOM/DP.

*Calculations are rounded-up for full unit of issue. This table is available as an Excel spreadsheet file from your MAJCOMs logistics office to assist in level computations.